

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		11/6/94
O.I.P.E. CLASSIFIER		49	11/15/99
FORMALITY REVIEW	CM	71632	11-13-99

INDEX OF CLAIMS

✓ Rejected  
 - Allowed  
 - (Through numeral) Canceled  
 + Restricted

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 Non-elected  
 Reference  
 Objected

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If more than 150 claims or 10 actions  
 staple additional sheets

(LEFT INSIDE)